

**Article – Family Law**

11-111.

IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE 48A, § 490H OF THE CODE, THE COURT MAY ALLOCATE BETWEEN THE PARTIES ANY ADDITIONAL COSTS OF PROVIDING HOSPITAL, MEDICAL, OR SURGICAL BENEFITS UNDER A GROUP CONTRACT.

**Article 48A – Insurance Code**

490H.

(a) (1) In this section the following words have the meanings indicated.

(2) “Applicable change in status” means the divorce of the insured and the insured’s spouse.

(3) “Dependent child” means an individual who:

(i) Is a child of the insured; and

(ii) Either was covered under the group insurance contract as a qualified or an eligible dependent of the insured immediately prior to the applicable change in status or was born to a qualified secondary beneficiary as defined in subsection (a)(6)(i) of this section after the applicable change in status.

(4) “Group contract” means:

(i) Any insurance contract or policy issued or delivered in this State to the employer of the insured by a nonprofit health service insurance plan or an insurance company which provides group hospital, medical, or surgical benefits to the insured on an expense-incurred basis; or

(ii) Any contract between the employer of the insured and a health maintenance organization certified under Title 19, Subtitle 7 of the Health – General Article which provides group hospital, medical, or surgical benefits offered to the insured.

(5) “Insured” means an employee who is a resident of this State and covered under a group insurance contract.

(6) “Qualified secondary beneficiary” means, with respect to the insured, an individual other than the insured who is:

(i) A beneficiary under the group contract as the spouse of the insured for at least the 30-day period immediately preceding the applicable change in status; or

(ii) A dependent child.

(7) “Termination statement” means a written notice of an event specified in subsection (c) of this section provided to the employer on a form prescribed by the Commissioner which is: